

SEC. 5. ANALYSIS AND REPORT ON TREATMENT OF VETERANS FOR MEDICAL CONDITIONS RELATED TO TOXIC EXPOSURE.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall analyze, on a continuous basis, all clinical data that—

(1) is obtained by the Department of Veterans Affairs in connection with hospital care, medical services, and nursing home care furnished under section 1710(a)(2)(F) of title 38, United States Code; and

(2) is likely to be scientifically useful in determining the association, if any, between the medical condition of a veteran and the exposure of the veteran to a toxic substance.

(b) ANNUAL REPORT.—Not later than one year after the date of the enactment of this Act, and annually thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report containing—

(1) the aggregate data compiled under subsection (a);

(2) an analysis of such data;

(3) a description of the types and incidences of medical conditions identified by the Department under such subsection;

(4) the explanation of the Secretary for the incidence of such medical conditions and other explanations for the incidence of such conditions as the Secretary considers reasonable; and

(5) the views of the Secretary on the scientific validity of drawing conclusions from the incidence of such medical conditions, as evidenced by the data compiled under subsection (a), regarding any association between such conditions and exposure to a toxic substance.

SEC. 6. ANALYSIS RELATING TO MORTALITY OF VETERANS WHO SERVED IN SOUTH-WEST ASIA.

(a) ANALYSIS.—

(1) IN GENERAL.—Not later than 270 days after the date of the enactment of this Act, the Secretary of Veterans Affairs, in coordination with the Secretary of Defense, shall conduct an updated analysis of total and respiratory disease mortality in covered veterans.

(2) ELEMENTS.—The analysis required by paragraph (1) shall include, to the extent practicable, the following with respect to each covered veteran:

(A) Metrics of airborne exposures.

(B) The location and timing of deployments of the veteran.

(C) The military occupational specialty of the veteran.

(D) The Armed Force in which the veteran served.

(E) Pre-existing health status of the veteran, including with respect to asthma.

(F) Relevant personal information of the veteran, including cigarette and e-cigarette smoking history, diet, sex, gender, age, race, and ethnicity.

(b) COVERED VETERAN DEFINED.—In this section, the term “covered veteran” means any veteran who—

(1) on or after August 2, 1990, served on active duty in—

(A) Bahrain;

(B) Iraq;

(C) Kuwait;

(D) Oman;

(E) Qatar;

(F) Saudi Arabia;

(G) Somalia; or

(H) the United Arab Emirates; or

(2) on or after September 11, 2001, served on active duty in—

(A) Afghanistan;

(B) Djibouti;

(C) Egypt;

(D) Jordan;

(E) Lebanon;

(F) Syria; or

(G) Yemen.

SEC. 7. STUDY ON HEALTH TRENDS OF POST 9/11 VETERANS.

The Secretary of Veterans Affairs shall conduct an epidemiological study on the health trends of veterans who served in the Armed Forces after September 11, 2001.

SEC. 8. STUDY ON CANCER RATES AMONG VETERANS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall conduct a study on the incidence of cancer in veterans to determine trends in the rates of the incidence of cancer in veterans.

(b) ELEMENTS.—The study required by subsection (a) shall assess, with respect to each veteran included in the study, the following:

(1) The age of the veteran.

(2) The period of service and length of service of the veteran in the Armed Forces.

(3) The military occupational specialty or specialties of the veteran.

(4) The gender of the veteran.

(5) The type or types of cancer that the veteran has.

SEC. 9. PUBLICATION OF LIST OF RESOURCES OF DEPARTMENT OF VETERANS AFFAIRS FOR VETERANS EXPOSED TO TOXIC SUBSTANCES AND OUTREACH PROGRAM FOR SUCH VETERANS AND CAREGIVERS AND SURVIVORS OF SUCH VETERANS.

(a) PUBLICATION OF LIST OF RESOURCES.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, and annually thereafter, the Secretary of Veterans Affairs shall publish a list of resources of the Department of Veterans Affairs for—

(A) veterans who were exposed to toxic substances;

(B) families and caregivers of such veterans; and

(C) survivors of such veterans who are receiving death benefits under the laws administered by the Secretary.

(2) UPDATE.—The Secretary shall periodically update the list published under paragraph (1).

(b) OUTREACH.—The Secretary shall develop, with input from the community, an informative outreach program for veterans on illnesses that may be related to exposure to toxic substances, including outreach with respect to benefits and support programs.

SEC. 10. REPORT ON INDIVIDUAL LONGITUDINAL EXPOSURE RECORD.

(a) IN GENERAL.—Not later than one year after the date on which the Individual Longitudinal Exposure Record achieves full operational capability, the Secretary of Veterans Affairs shall submit to the appropriate committees of Congress a report on the data quality of the Individual Longitudinal Exposure Record and the usefulness of the Individual Longitudinal Exposure Record in supporting veterans in receiving health care and benefits from the Department of Veterans Affairs.

(b) ELEMENTS.—The report required by subsection (a) shall include the following:

(1) An identification of exposures to toxic substances that may not be fully captured by the current systems for environmental and occupational health monitoring and recommendations for how to improve those systems.

(2) An analysis of the quality of the location data in determining exposures of veterans to toxic substances and recommendations for how to improve the quality of that location data.

(3) Recommendations on how to improve the usefulness of the Individual Longitudinal Exposure Record.

(c) DEFINITIONS.—In this section:

(1) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—The term “appropriate committees of Congress” means—

(A) the Committee on Armed Services and the Committee on Veterans' Affairs of the Senate; and

(B) the Committee on Armed Services and the Committee on Veterans' Affairs of the House of Representatives.

(2) INDIVIDUAL LONGITUDINAL EXPOSURE RECORD.—The term “Individual Longitudinal Exposure Record” includes any pilot program or other program used by the Department of Veterans Affairs or the Department of Defense to track how members of the Armed Forces or veterans have been exposed to various occupational or environmental hazards.

Mr. TESTER. I ask unanimous consent that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. TESTER. I yield the floor.

EXECUTIVE CALENDAR—Continued

The PRESIDING OFFICER. The Senator from Vermont.

ISSUES FACING AMERICA

Mr. SANDERS. Mr. President, it is important, I think, that we acknowledge a very simple truth that few people can disagree with and that is we are living at this moment in the most difficult time of our lives.

I say to the American people, if you are feeling anxious, feeling depressed, if you are feeling overwhelmed, if you are feeling confused, if you are feeling angry, you are not alone. Many millions of Americans feel exactly the same way.

This pandemic has had a devastating and horrific impact upon our country. Over 900,000 people have died from COVID and tens of millions have been made ill. Many thousands of workers have lost their jobs simply because they went about doing their jobs. They had to go to work. They were critical workers and many thousands died as a result.

In the midst of the pandemic, in an unprecedented way, millions of other workers have chosen to find new employment paths. They have given up their old jobs.

But it is not just working people who have been impacted; it has been a terrible time for the young people of our country. The education of our younger generation, from childcare to graduate school, has been severely disrupted in a way that we have never seen in the modern history of this country.

But, again, it is not just for workers or the children; it is for elderly people. You have senior citizens in this country who have died at alarmingly high rates, but in addition to that, they have been isolated over the last several years because of fear of catching the virus, which means that they can't come in contact with their kids or their grandchildren. They can't get out of the house, and they are hurting as a result.